

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Application No.:

NEW APPLICATION

Applicant

Louis G. Ellis

Filed

April 21, 2004

TC/A.U.

Unknown

Examiner

Unknown

Title

MAGNETIC EMBOLIC PROTECTION DEVICE AND METHOD

Docket No.

1001.1521101

Customer No. :

28075

TRANSMITTAL SHEET

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EV333852066US, in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450., 20231 on this __21st__ day of __April______, 2004.

JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

[X]	5 sheet(s) of specification.
[X]	
[X]	1 sheet(s) of Abstract.
[X]	1 sheet of formal drawings.
[X]	Executed Declaration and Power of Attorney.
[X]	An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.
[]	A certified copy of a application, serial no, filed, 19_, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED								
	(1)	(2)	SMALL ENTITY		OTHER			
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee		
BASIC FEE				\$385		\$770		
TOTAL CLAIMS	26-20 =	6	x9=	\$	x18=	\$108		
INDEPENDENT CLAIMS	2-3 =	0	x43=	\$	x86=	\$		
() MULTIPLE DEPENDENT CLAIM PRESENTED			+145=	\$	+290=	\$		
TOTAL			\$		\$878			

^{*}If the difference in Column (1) is less than zero, enter "0" in Column 2.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50/041/6.

By:/_____

Glenn M. Seager, Reg No. 36,926

CROMPTON, SEAGER & TUFTE, LLC

1221 Nicollet Avenue

Suite 800

Minneapolis, Minnesota 55403-2420

Tel: (612) 677-9050 Fax: (612) 359-9349